

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

35086

File No. 9300

Registered No.

St. Ward

1. PLACE OF DEATH

County

Registration District No. 78

Township

Primary Registration District No. 10

City St Louis Mo (No. , , )

2. FULL NAME

(a) Residence, No. 3521 Market St., 18 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF— (OR) WIFE OF— George R Dale

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/12/1890

7. AGE - YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 43 yrs. 4 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 92A

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 117A Maid 93C

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia Mo

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT George R Dale (ADDRESS) 3521 Market

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park Oct 29 1933

19. UNDERTAKER Theo Perkins (ADDRESS) 3307 Grand ave

20. FILED 1933 19 J. T. Bredeck Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/25/1933

22. I HEREBY CERTIFY, That I attended deceased from 3/1/14, 1933, to 10/25/1933

I last saw him alive on 10/25/1933. Death is said to have occurred on the date stated above, at 11:00 m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency Chronic myocarditis Chronic Gastric Ulcer Bronchitis Asphyxia

Other contributory causes of importance: Chronic Myocarditis J. Gastric Ulcer

Name of operation. What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.

Nature of injury.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. C. W. M. D.

(Address) 2512 Market

